

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:)	CASE NO. 14-71797
)	
HP/SUPERIOR, INC.,)	Chapter 11
)	
Debtor.)	JUDGE BONAPFEL

DEBTOR'S MONTHLY FINANCIAL REPORT
FOR THE PERIOD
FROM DECEMBER 1, 2014 TO DECEMBER 31, 2014

Comes now the above-named debtor and files its Periodic Financial Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.



Attorney for Debtor
J. ROBERT WILLIAMSON
Georgia Bar No. 765214
ASHLEY REYNOLDS RAY
Georgia Bar No. 601559

Debtor's Address
and Phone Number:

1800 New York Avenue
Superior, WI 54880

Attorney's Address
and Phone Number:

1500 Candler Building
127 Peachtree Street, NE
Atlanta, GA 30303
Tel: (404) 893-3880

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING 12/1/14 AND ENDING 12/31/14

Name of Debtor: HP/Superior, Inc.
Date of Petition:

Case Number 14-71797

	CURRENT MONTH	CUMULATIVE PETITION TO DATED
1. FUNDS AT BEGINNING OF PERIOD	55,309.84 (a)	10,871.90
2. RECEIPTS		
A. Cash Sales	-	-
Minus: Cash Refunds	(-) -	-
Net Cash Sales	-	-
B. Accounts Receivable	272,727.34	534,711.08
C. Other Receipts (See MOR-3)	115.00	85,311.95
(If you receive rental income, you must attach a rent roll.)		
3. TOTAL RECEIPTS (Lines 2A+2B+2C)	272,842.34	620,023.03
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)	328,152.18	630,894.93
5. DISBURSEMENTS		
A. Advertising	-	-
B. Bank Charges	757.15	2,058.87
C. Contract Labor	49,877.55	49,877.55
D. Fixed Asset Payments (not Incl. in "N")	-	-
E. Insurance	81,020.53	81,337.56
F. Inventory Payment (See Attache 2)	-	-
G. Leases	-	-
H. Patient Care Supplies	30,444.16	69,906.62
I. Office Supplies	-	-
J. Payroll - Net (See Attachment 4B)	155,041.81	385,959.28
K. Professional Fees (Accounting & Legal)	-	-
L. Rent	-	-
M. Repairs & Maintenance	-	4,336.60
N. Secured Creditor Payments (See Attach 2)	-	-
O. Taxes Paid - Payroll (See Attachment 4C)	11,318.16	11,318.16
P. Taxes Paid - Sales & Use (See Attachment 4C)	-	-
Q. Taxes Paid - (See Attachment 4C)	-	-
R. Telephone	-	-
S. Travel & Entertainment	3,184.18	4,235.07
Y. U.S. Trustee Quarterly Fees	-	-
U. Utilities	-	16,099.69
V. Vehicle Expenses	-	-
W. Other Operating Expenses (See MOR-3)	542.00	9,798.89
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	332,185.54	634,928.29
7. ENDING BALANCE (Line 4 Minus Line 6)	(4,033.36) (c)	(4,033.36)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge.

This 12 day of April, 2015


(Signature)

- (a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.
- (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition.
- (c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Guest Meals	\$115.00	\$115.00
Lien Repayment		\$32,455.85
Loan From AltaCare Corporation		\$47,700.00
Net Bank Reversals		\$5,041.10
TOTAL OTHER RECEIPTS		

"Other Receipts" includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>
\$47,700	AltaCare Corporation	Working Capital	Administrative Expenses

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
Lien With Holdings		\$6,986.69
		\$2,270.20
WPC Certification	\$542.00	\$542.00
TOTAL OTHER DISBURSEMENTS	\$542.00	\$9,798.89

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.
Will when available

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 12/1/14 Period ending 12/31/14

ACCOUNTS RECEIVABLE AT PETITION DATE: \$803,505.91 As November 1 was a Saturday and effectively the October 31, 2014 balance was the balance as of the Petition Date.

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$ 786,311.92	(a)
PLUS: Current Month New Billings	294,499.20	
MINUS: Collection During the Month	\$ (271,643.64)	(b)
PLUS/MINUS: Adjustments or Writeoffs	\$ (14,927.38)	*
End of Month Balance	\$ 794,240.10	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

Various routine adjustments for prior months.

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-30 Days	31-60 Days	61-90 Days	Over 90Days	Total
\$ 174,908.54	\$40,631.10	\$37,230.05	\$ 541,470.38	\$794,240.10 (c)

For any receivables in the "Over 90 Days" category, please provide the following:

Customer	Receivable Date	Status (Collection efforts taken, estimate of collectibility, write-off, disputed account, etc.)
		Medicaid and Medicare Various The Debtor continues to bill, work and collect on these accounts. \$100+ is involved in a state receivership \$48k is awaiting various state approvals and \$70k is awaiting the respective cost reporting process.

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

Billing Journal Summary

St Francis in the Park Health and Rehab (068)

For the Month of December, 2014

Page 59 of 62
1/09/15 6:04 PM
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A/R Type	Balance Forward	Payments	Current Month	Prior Month Adjustments	Ending Balance	% of Bal Fwd Collected
CA	58,237.30	(1,672.00)	3,952.00	(5,776.00)	66,565.30	2.45%
CI	32,623.84	(8,512.00)			22,287.84	26.09%
CP	2,448.50				2,448.50	
CPM	3,648.00				3,648.00	
HM	31,243.96	(13,021.80)	1,932.16		20,154.32	41.68%
HO	12,165.57		4,767.94		16,933.51	
IN	23,876.90		5,272.98	(2,406.07)	26,743.81	
INP	3,674.03				3,674.03	
INS	875.00				875.00	
MA	52,124.17	(17,312.77)	37,555.46	(10,652.01)	61,714.85	33.21%
MB	26,981.14	(10,446.13)	6,046.25		22,581.26	38.72%
MC	59,788.54	(9,566.54)	3,933.00	(3,519.00)	50,636.00	16.00%
MR	96,174.84				96,174.84	
MRP	1,399.90	(228.00)			1,171.90	16.29%
MRS	2,267.90				2,267.90	
MS	231,392.66	(127,166.43)	161,007.81	5,642.49	270,876.53	54.96%
OM	631.88		163.83		795.71	
OP	(24.00)				(24.00)	
PP	60,814.79	(11,318.16)	6,063.30	1,077.92	56,637.85	18.61%
PRIVATE	35,959.31	(38,447.00)	35,721.00	15.00	33,248.31	105.92%
RL	15,023.18	(24,236.02)	26,500.29	690.29	17,977.74	161.32%
XB	19,207.76	(1,274.70)	1,194.24		19,127.30	6.64%
XI	2,963.96	(8,256.01)	347.99		(4,944.06)	278.55%
XP	334.80				334.80	
XPM	1,664.53				1,664.53	
ZB	756.46	(186.08)	40.95		611.33	24.60%
ZP	57.00				57.00	
Totals:	786,311.92	(271,613.59)	294,499.20	(14,922.33)	799,275.10	101.65%

Month-ended Analysis
St Francis in the Park Health and Rehab (068)
For the Month of Dec, 2014

Page 21 of 21
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Resident (Res #) (Discharge Date)

Type Balance	Dec	Nov	Oct	Sep	Aug	Jul	Jun	Balance	Advance Bill Amt	Total Due
Aged Analysis Summary										
CA		760.00	3,192.00		4,714.40	3,247.69	54,651.21	66,565.30		66,565.30
CI	3,952.00		152.00	2,280.00	6,840.00	6,536.00	2,527.84	22,287.84		22,287.84
CP							2,448.50	2,448.50		2,448.50
CPM							152.00	3,648.00		3,648.00
HM	1,932.16	427.08	339.68		179.66	3,496.00	13,143.58	20,154.32		20,154.32
HO	4,767.94	4,042.20	4,176.94	4,042.20	2,290.58	4,132.16	2,386.35	16,933.51		16,933.51
HP										
IN	5,272.98	1,092.57	3,557.64	1,637.13	7,992.69	232.32	6,958.48	26,743.81		26,743.81
IND										
INP										
INS							3,674.03	3,674.03		3,674.03
LTC							875.00	875.00		875.00
MA	37,555.46	3,928.37	6,569.39	1,349.44	6,204.75	14,301.33	12,801.63	61,714.85		61,714.85
MB	6,046.25	4,184.12	526.26	2,087.69	1,885.44	50.67	7,800.83	22,581.26		22,581.26
MC	3,933.00	14,076.00	14,246.06	2,167.80	722.60		15,490.54	50,636.00		50,636.00
MD										
MI										
MR										
MRP										
MRS										
MS	103,986.20	17,134.77	6,582.03	8,043.27	18,589.74	4,076.01	120,616.53	270,876.53		270,876.53
OI										
OM	163.83	565.49	17.46	8.79			40.14	795.71		795.71
OP							24.00	24.00		24.00
PM	6,063.30	8,084.40	5,254.86	4,042.20	4,176.94	282.14	28,734.01	56,637.85		56,637.85
PP	2,612.00	11,442.00	1,763.27	3,588.66	4,980.39	3,096.00	41,051.31	33,248.31	35,636.00	68,884.31
RL	2,264.27	3,213.58	3,548.28	288.89	1,741.69	7,547.46	626.43	17,977.74	27,758.36	45,736.10
TD										
XB	1,194.24	1,395.30	257.34	365.21	1,136.23	158.16	16,893.28	19,127.30		19,127.30
XI	347.99	884.59	152.62	362.53	586.68	114.09	7,392.56	4,944.06		4,944.06
XP							334.80	334.80		334.80
XPM							1,664.53	1,664.53		1,664.53
ZB	40.95	141.37	33.00	110.22			285.79	611.33		611.33
ZI										
ZP										
Totals:	174,908.57	40,631.10	37,230.05	23,196.71	59,769.33	39,118.01	419,386.33	794,240.10	63,394.36	857,634.46
	22.02%	5.12%	4.69%	2.92%	7.53%	4.93%	52.80%	100.00%		

HP/Superior-DIP

Accounts Payable

Aged Payables Report

Vendor Summary Aged As of 12/31/2014

Vend	Vend Name	Disc Amt	Amount	Future	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
1	AltaCare Corporation	0.00	12,674.10	0.00	5,377.86	7,296.24	0.00	0.00	0.00
104	Superior Water & Light & Power Co.	0.00	23,989.76	0.00	21,129.23	2,860.53	0.00	0.00	0.00
106	Superior USA Corporation	0.00	137.11	0.00	137.11	0.00	0.00	0.00	0.00
110	St. Luke's Hospital	0.00	13.61	0.00	13.61	0.00	0.00	0.00	0.00
118	Telephone Associates	0.00	2,557.35	0.00	1,626.42	930.93	0.00	0.00	0.00
12	Aramark Uniform Services	0.00	22,436.00	0.00	22,436.00	0.00	0.00	0.00	0.00
126	Wisconsin Dept of Health & Family Svcs	0.00	20,060.00	0.00	20,060.00	0.00	0.00	0.00	0.00
127	WI Dept of Justice	0.00	90.00	0.00	0.00	90.00	0.00	0.00	0.00
14	Anthem BCBS Dental	0.00	490.98	0.00	490.98	0.00	0.00	0.00	0.00
160	LB Medwaste Services	0.00	144.00	0.00	72.00	72.00	0.00	0.00	0.00
18	Bachand Estntes, LLP	0.00	10,349.56	0.00	4,877.19	5,472.37	0.00	0.00	0.00
2	U.S. Foodservice	0.00	31,626.29	0.00	16,338.51	15,287.78	0.00	0.00	0.00
205	Brenda Dolsen	0.00	21.28	0.00	21.28	0.00	0.00	0.00	0.00
207	Jean Griskey	0.00	23.59	0.00	23.59	0.00	0.00	0.00	0.00
209	A-1 Movers Inc.	0.00	1,003.50	0.00	0.00	1,003.50	0.00	0.00	0.00
21	Crandall & Associates	0.00	1,365.00	0.00	315.00	1,050.00	0.00	0.00	0.00
211	Sherry Jacobson	0.00	399.00	0.00	0.00	399.00	0.00	0.00	0.00
212	Jim Fauncezimmer	0.00	3,312.00	0.00	0.00	3,312.00	0.00	0.00	0.00
22	Charter Communications	0.00	923.57	0.00	231.78	691.79	0.00	0.00	0.00
27	annLeo, Inc.	0.00	3,737.26	0.00	3,737.26	0.00	0.00	0.00	0.00
31	Appliance Repair Service	0.00	220.40	0.00	0.00	220.40	0.00	0.00	0.00
34	De Lage Landen Financial Services, Inc.	0.00	1,651.67	0.00	884.61	767.06	0.00	0.00	0.00
38	SMDC Clinical Lab - (Essentia Health)	0.00	191.69	0.00	217.99	-26.30	0.00	0.00	0.00
44	Five Rivers Management, LLC	0.00	19.95	0.00	0.00	19.95	0.00	0.00	0.00
48	Home Medical Products & Svcs	0.00	166.40	0.00	92.40	74.00	0.00	0.00	0.00
53	Joe P. Kimmes Oil Co., Inc.	0.00	0.73	0.00	0.25	0.48	0.00	0.00	0.00
58	Long Term Care Services	0.00	9,097.40	0.00	4,271.89	4,825.51	0.00	0.00	0.00
59	Mervin LTC Pharmacy	0.00	6,671.58	0.00	4,085.21	2,586.37	0.00	0.00	0.00
6	First Insurance Funding	0.00	6,865.43	0.00	3,459.55	3,405.88	0.00	0.00	0.00
7	Petty Cash	0.00	3,979.59	0.00	3,979.59	0.00	0.00	0.00	0.00
74	Otis Elevator Company	0.00	3,502.11	0.00	3,502.11	0.00	0.00	0.00	0.00

Run Date: 2/18/2015 8:50:56 AM

Business Date: 2/18/2015

HP/Superior-DIP

Accounts Payable

Aged Payables Report

Vendor Summary Aged As of 12/31/2014

Vendor	Vendor Name	Disc Amt	Amount	Future	Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days
78	Plunkett's Pest Control	0.00	23.13	0.00	23.13	0.00	0.00	0.00	0.00
8	Aegis Therapies	0.00	22,525.99	0.00	20,178.24	2,347.75	0.00	0.00	0.00
81	Platinum Care	0.00	8,253.43	0.00	8,253.43	0.00	0.00	0.00	0.00
9	American Healthtech	0.00	25.81	0.00	0.00	25.81	0.00	0.00	0.00
Wa	Waste Management of WI-MN	0.00	1,151.41	0.00	1,151.41	0.00	0.00	0.00	0.00
Report Totals:		0.00	199,700.68	0.00	146,987.63	52,713.05	0.00	0.00	0.00

Run Date: 2/18/2015 8:50:56 AM
Business Date: 2/18/2015

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797
Reporting Period beginning 12/1/14 Period ending 12/31/14

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ _____
INVENTORY RECONCILIATION:
Inventory Balance at Beginning of Month \$ _____ (a)
PLUS: Inventory Purchased During Month \$ _____
MINUS: Inventory Used or Sold \$ _____
PLUS/MINUS: Adjustments or Write-downs \$ _____ *
Inventory on Hand at End of Month \$ _____

METHOD OF COSTING INVENTORY: _____

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
_____ %	_____ %	_____ %	_____ %	= 100%*

* Aging Percentages must equal 100%.

☐ Check here if inventory contains perishable items.

Description of Obsolete Inventory: Non Applicable

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: _____ (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): _____

FIXED ASSETS RECONCILIATION:
Fixed Asset Book Value at Beginning of Month \$ _____ (a)(b)
MINUS: Depreciation Expense \$ _____
PLUS: New Purchases \$ _____
PLUS/MINUS: Adjustments or Write-downs \$ _____ *
Ending Monthly Balance \$ _____

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions.
Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 12/1/14 Period ending 12/31/14

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxx4290

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$ 7,852.22	
Plus Total Amount of Outstanding Deposits	\$	
Minus Total Amount of Outstanding Checks and other debits	\$ 4,561.03	*
Minus Service Charges	\$	
Ending Balance per Check Register	\$ 3,291.19	** (a)

*Debit cards are used by N/A

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ 119,000.00 Transferred to Payroll Account
\$ _____ Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

Date 12/31/14 Page 1
 Primary Account @XXXXXXXXXX@4290
 Enclosures 27

HP SUPERIOR INC
 ST FRANCIS IN THE PARK
 OPERATING ACCOUNT
 1800 NEW YORK AVE
 SUPERIOR WI 54880

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
 ST FRANCIS IN THE PARK
 OPERATING ACCOUNT

WE ARE TAKING PRECAUTIONS TO PROTECT OUR DEBIT CARD CUSTOMERS FROM FRAUDULENT TRANSACTIONS. BEFORE YOU TRAVEL, PLEASE NOTIFY US.

BUSINESS CKING-RDC		Number of Enclosures	27
Account Number	@XXXXXXXXXX@4290	Statement Dates	12/01/14 thru 12/31/14
Previous Balance	79,077.05	Days in the statement period	31
14 Deposits/Credits	259,354.63	Average Ledger	31,944.19
52 Checks/Debits	330,579.46	Average Collected	31,944.19
SERVICE CHARGE	.00		
Interest Paid	.00		
Current Balance	7,852.22		

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$.00	\$2,440.00
Return item fees year to date	\$.00	\$1,320.00

DESCRIPTIVE CREDITS AND DEBITS

12/01 Wire Transfer Fee	10.00-	79,067.05
12/01 Analysis Service Charge	48.45-	79,018.60
12/01 Wire Transfer Debit	30,000.00-	49,018.60
ALTACARE CORPORATION		

Date 12/31/14 Page 2
 Primary Account @XXXXXXXXXX@4290
 Enclosures 27

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

053100300		
009062579442		
5895 WINDWARD PKWY, STE 200		
ALPHARETTA, GA 30005		
FIRST CITZ RALEIGH		
RALEIGH, NC		
20141201 000006		
12/01 Transfer to G/L	50.00-	48,968.60
Acct No. @XXXXXXXXXX@3000		
12/02 Total of 1 Check Presented	400.00-	48,568.60
12/03 HCCLAIMPMT NATIONAL GOVERN	5,540.54	54,109.14
HP SUPERIOR INC		
525397		
TRN*1*EFT5165611*1351840597*00		
0006001~		
12/03 CHECKING DEPOSIT	10,000.00	64,109.14
12/03 CHECKING DEPOSIT	43,424.82	107,533.96
12/03 Total of 7 Checks Presented	18,994.34-	88,539.62
12/03 Wire Transfer Debit	36,000.00-	52,539.62
HAMILTON INSURANCE AGENCY		
051404260		
5138192085		
4100 MONUMENT CORNER DR STE 50		
FAIRFAX VA 22030		
BB&T		
REF: ST FRANCIS - PL/GL		
20141203 000002		
12/03 VENDOR PAY US FOODSERVICE	4,852.81-	47,686.81
4880371951 EFFDAT		
ST*820*060444425		
BPR*C*4852.81*D*ACH*CTX*01*053		
207766*DA*2000042906937*488037		
12/03 Transf to PAYROLL	5,000.00-	42,686.81
Confirmation number 1203140052		
12/04 Medicaid State of Wisc	25,397.06	68,083.87
HP SUPERIOR INC DBA		
31200496Y		
TRN*1*500697914*1396006469		
12/05 Total of 1 Check Presented	5,103.50-	62,980.37
12/05 Wire Transfer Fee	10.00-	62,970.37
12/05 Wire Transfer Debit	6,995.75-	55,974.62
PLATINUM CARE INC		
021407912		
7017208106		

Date 12/31/14 Page 3
 Primary Account @XXXXXXXXXX@4290
 Enclosures 27

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

240 52ND ST
 BROOKLYN, NY 11220
 NORTH FORK BANK
 MELVILLE, NY
 REF: ST FRANCIS
 20141205 000003

12/05 RETURN FEE CHARTER COMMUNIC ACCOUNT HOLDER	25.00-	55,949.62
5330903620		
12/05 Transf to PAYROLL Confirmation number 1205140080	5,000.00-	50,949.62
12/08 TAX LEVY FROM STATE OF MN	42,323.64-	8,625.98
12/10 HCCLAIMPMT NATIONAL GOVERNMENT HP SUPERIOR INC 525397	1,638.80	10,264.78
TRN*1*EFT5179048*1351840597*00 0006001~		
12/10 VENDOR PAY US FOODSERVICE 4880371951 EFFDAT ST*820*060866565 BPR*C*4297.59*D*ACH*CTX*01*053 207766*DA*2000042906937*488037	4,297.59-	5,967.19
12/11 Medicaid State of Wisc HP SUPERIOR INC DBA 31209184Y	21,618.55	27,585.74
TRN*1*500701258*1396006469		
12/11 Total of 1 Check Presented	1,473.86-	26,111.88
12/12 RELEASE OF TAX LEVY FROM STATE OF MN	42,323.64	68,435.52
12/12 Total of 3 Checks Presented	1,038.00-	67,397.52
12/12 Wire Transfer Fee	10.00-	67,387.52
12/12 Wire Transfer Debit ARAMARK UNIFORM SERVICES (AUS) 071000013 496557153 26605 NETWORK PLACE CHICAGO, IL 60673-1266 JPMCHASE ILLINOIS CHICAGO, IL NOVEMBER INVOICES - ST FRANCIS 20141212 000004	22,807.58-	44,579.94
12/12 telephone transfer per jen sanda-rose	35,000.00-	9,579.94
12/15 Total of 2 Checks Presented	744.68-	8,835.26
12/17 Total of 3 Checks Presented	3,439.14-	5,396.12

Date 12/31/14 Page 4
Primary Account @XXXXXXXXXX@4290
Enclosures 27

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

12/17 VENDOR PAY US FOODSERVICE 4880371951 EFFDAT ST*820*061329486 BPR*C*4065.04*D*ACH*CTX*01*053 207766*DA*2000042906937*488037	4,065.04-	1,331.08
12/18 Medicaid State of Wisc HP SUPERIOR INC DBA 31219349Y TRN*1*500705038*1396006469	9,691.32	11,022.40
12/18 PAYMENT PROV ENRLMNT FEE HP/SUPERIOR, INC. 0000	542.00-	10,480.40
12/19 telephone transfer per jen rose	53,596.69	64,077.09
12/19 HCCLAIMPMT NATIONAL GOVERNMENT HP SUPERIOR INC 525397 TRN*1*EFT5193457*1351840597*00 0006001~	2,774.63	66,851.72
12/19 Total of 3 Checks Presented	942.95-	65,908.77
12/23 Total of 1 Check Presented	2,250.00-	63,658.77
12/23 Transf to PAYROLL Confirmation number 1223140018	2,000.00-	61,658.77
12/24 Total of 1 Check Presented	1,606.44-	60,052.33
12/24 VENDOR PAY US FOODSERVICE 4880371951 EFFDAT ST*820*061742063 BPR*C*3773.21*D*ACH*CTX*01*053 207766*DA*2000042906937*488037	3,773.21-	56,279.12
12/24 Transf to PAYROLL Confirmation number 1224140051	55,000.00-	1,279.12
12/26 HCCLAIMPMT NATIONAL GOVERNMENT HP SUPERIOR INC 525397 TRN*1*EFT5206467*1351840597*00 0006001~	15,680.71	16,959.83
12/26 Medicaid State of Wisc HP SUPERIOR INC DBA 31229053Y TRN*1*500708571*1396006469	21,561.30	38,521.13
12/29 Wire Transfer Fee	10.00-	38,511.13
12/29 Wire Transfer Debit HAMILTON INSURANCE AGENCY 051404260 5138192085	5,356.00-	33,155.13

Date 12/31/14 Page 5
 Primary Account @XXXXXXXXXX@4290
 Enclosures 27

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

4100 MONUMENT CORNER DRIVE, ST
 FAIRFAX, VA 22030
 BB&T VA
 RICHMOND, VA
 ST FRANCIS
 20141229 000006
 12/30 CHECKING DEPOSIT 3,982.35 37,137.48
 12/31 HCCLAIMPMT NATIONAL GOVERNMENT 2,124.22 39,261.70
 HP SUPERIOR INC
 525397
 TRN*1*EFT5209952*1351840597*00
 0006001~
 12/31 Total of 1 Check Presented 30.00- 39,231.70
 12/31 Wire Transfer Fee 10.00- 39,221.70
 12/31 Wire Transfer Debit 21,129.76- 18,091.94
 AEGIS THERAPIES
 065300486
 6400110976
 1000 FIANNA WAY
 FORT SMITH, AR 72919
 BANCORPSOUTH BK
 TUPELO, MS
 ST FRANCIS NOV SERVICES
 20141231 000002
 12/31 VENDOR PAY US FOODSERVICE 3,239.72- 14,852.22
 4880371951 EFFDAT
 ST*820*062064239
 BPR*C*3239.72*D*ACH*CTX*01*053
 207766*DA*2000042906937*488037
 12/31 Transf to PAYROLL 4,000.00- 10,852.22
 Confirmation number 1231140064
 12/31 Transf to PAYROLL 3,000.00- 7,852.22
 Confirmation number 1231140125

Date	Check No	Amount	Date	Check No	Amount
12/03		10,000.00	12/12	41*	37.64
12/19	4*	109.74	12/03	43*	681.19
12/31	5	30.00	12/03	44	2,000.00
12/19	8*	164.41	12/03	45	1,913.40
12/24	9	1,606.44	12/03	46	1,099.74
12/23	20*	2,250.00	12/03	47	350.01
12/05	38*	5,103.50	12/03	48	2,950.00

* Denotes missing check numbers

Date 12/31/14 Page 6
 Primary Account @XXXXXXXXXX@4290
 Enclosures 27

BUSINESS CKING-RDC @XXXXXXXXXX@4290 (Continued)

--- CHECKS IN CHECK NUMBER ORDER ---					
Date	Check No	Amount	Date	Check No	Amount
12/12	49	669.98	12/11	54	1,473.86
12/12	50	330.38	12/17	55	698.89
12/17	51	740.25	12/17	56	2,000.00
12/15	52	234.08	12/19	60304*	668.80
12/15	53	510.60	12/02	60344*	400.00

* Denotes missing check numbers

* * * DAILY BALANCE INFORMATION * * *					
Date	Balance	Date	Balance	Date	Balance
12/01	48,968.60	12/11	26,111.88	12/24	1,279.12
12/02	48,568.60	12/12	9,579.94	12/26	38,521.13
12/03	42,686.81	12/15	8,835.26	12/29	33,155.13
12/04	68,083.87	12/17	1,331.08	12/30	37,137.48
12/05	50,949.62	12/18	10,480.40	12/31	7,852.22
12/08	8,625.98	12/19	65,908.77		
12/10	5,967.19	12/23	61,658.77		

HP/Superior, Inc.

Accounts Payable Vendor Payment Activity-Summary

Tran No	Batch	Tran Date	Vend	Tran Amt HC
0000000054	APSC-0000215	12/5/2014	7	Petty Cash 1,473.86
0000000051	APSC-0000215	12/5/2014	202	Juliana Lundberg 740.25
0000000050	APSC-0000215	12/5/2014	178	Chris Fitch 330.38
0000000052	APSC-0000215	12/5/2014	208	Katrina Warner 234.08
0000000049	APSC-0000215	12/5/2014	168	Jennifer Sanda 669.98
0000000053	APSC-0000215	12/5/2014	210	Destiny Gervais 510.60
0000000055	APSC-0000216	12/11/2014	158	Floyd Adams 698.89
0000000056	APSC-0000218	12/16/2014	170	Great Bend LTC 2,000.00
0000000057	APSC-0000219	12/17/2014	213	WPS/CCW 542.00
0000060239	APMC-0000232	12/18/2014	38	SMDC Clinical Lab - (Essentia Health) Reversal (379.25)
0000060313	APMC-0000233	12/18/2014	74	Otis Elevator Company Reversal (1,631.46)
0000060151	APMC-0000234	12/18/2014	80	Pathways To Achievement Inc. Reversal (2,000.00)
0000000058	APSC-0000220	12/31/2014	46	Health Partners 4,052.70
9991231142	APMC-0000237	12/31/2014	46	Health Partners 0.00
0000000060	APSC-0000221	12/31/2014	71	National Vision Administrators 73.34
0000000059	APSC-0000221	12/31/2014	145	UNUM Life Insurance Company of America 434.99
9991231143	APMC-0000238	12/31/2014	145	UNUM Life Insurance Company of America 0.00
9991231144	APMC-0000239	12/31/2014	71	National Vision Administrators 0.00
9991231148	APMC-0000241	12/31/2014	104	Superior Water & Light & Power Co. 0.00

Run Date: 2/12/2015 5:19:25 PM

Business Date: 2/12/2015

HP/Superior, Inc.

Accounts Payable Vendor Payment Activity-Summary

Tran No	Batch	Tran Date	Vend	Tran Amt HC
9991231145	APMC-0000255	12/31/2014	2	0.00
9991231146	APMC-0000256	12/31/2014	177	0.00
9991231147	APMC-0000257	12/31/2014	126	0.00
9991231149	APMC-0000258	12/31/2014	6	0.00
9912311410	APMC-0000259	12/31/2014	58	0.00
9912311411	APMC-0000260	12/31/2014	21	0.00
9991201142	APMC-0000262	12/1/2014	6	0.00
Report Total:				7,750.36

Run Date: 2/12/2015 5:19:25 PM
Business Date: 2/12/2015

SUPERIOR, INC. (185)
OPERATING BANK RECONCILIATION
(185) 1-0000-1000004

December 31, 2014

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4290)

	Per Bank	Per Books
BEGINNING GL BALANCE		(31,995.82)
ENDING BANK BALANCE	7,852.22	
FACILITY DEPOSITS		153,434.30
WIRE TRANSFERS IN		53,596.69
WIRE TRANSFERS IN - RELATED FACILITY ACCOUNTS		10,000.00
WIRE TRANSFERS OUT		(30,000.00)
WIRE TRANSFERS OUT - RELATED FACILITY ACCOUNTS		(119,000.00)
AP CHECKS ISSUED (NET OF VOIDS) - MAS500		(7,750.36)
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(92,258.32)	
ANALYSIS CHARGE		(48.45)
NSF/OVERDRAFT FEES		(25.00)
WIRE FEES		(50.00)
CASHIER CHECK FEES		
MISCELLANEOUS ITEMS:		
12/01/14 Bank Fee for Remote Deposit Machine		(50.00)
12/03/14 Wire to Hamilton Insurance Agency		(36,000.00)
12/03/14 Wire to US Foods		(4,852.81)
12/05/14 Wire to Platinum Care		(6,995.75)
12/08/14 Tax Levy State of MN		(42,323.64)
12/10/14 Wire to US Foods		(4,297.59)
12/12/14 Tax Levy State of MN Release		42,323.64
12/12/14 Wire to Aramark		(22,807.58)
12/17/14 Wire to US Foods		(4,065.04)
12/24/14 Wire to US Foods		(3,773.21)
12/29/14 Wire to Hamilton Insurance Agency		(5,356.00)
12/31/14 Wire to Aegis Therapies		(21,129.76)
12/31/14 Wire to US Foods		(3,239.72)

(84,406.10)

(84,406.10)

Difference between Bank and Books

Prepared by:

[Signature]
2/12

Approved by:

2/12/2016

SUPERIOR, INC. (185)
OUTSTANDING CHECKS
December 31, 2014
NATIONAL BANK OF COMMERCE (ENDING 4290)

CHECK #	DATE	PAYEE	AMOUNT
TOTAL OUTSTANDING CHECKS ----->			<u>92,258.32</u>
282	10/03/13	Aramark Uniform Services Inc.	5,612.28
324	11/12/13	Long Term Care Services	2,524.20
60204	07/09/14	Amara Healthcare	41,000.00
60245	08/08/14	Pathways To Achievement Inc.	393.00
60252	08/15/14	Superior USA Corporation	1,009.08 -
60259	08/15/14	Essentia Health	351.41 -
60265	08/15/14	SMDC Clinical Lab - (Essentia Health)	361.42 -
60267	08/15/14	Jamar Company (Arrowhead)	1,880.00 -
60271	08/15/14	Pathways To Achievement Inc.	321.50
60302	09/26/14	Crest Healthcare Supply	761.01 -
60308	09/26/14	SMDC Clinical Lab - (Essentia Health)	319.75 -
60314	09/26/14	Pathways To Achievement Inc.	566.50 -
60315	09/26/14	Professional Portable X-Ray, Inc.	174.67 -
1	10/17/14	Superior USA Corporation	274.22 -
2	10/17/14	St. Luke's Hospital	70.00 -
6	10/17/14	Essentia Health	180.00 -
10	10/17/14	Servpro of the Twin Ports	1,888.94 -
13	10/17/14	De Lage Landen Financial Services, Inc.	839.99
14	10/17/14	SMDC Clinical Lab - (Essentia Health)	358.00 -
16	10/17/14	Home Medical Products & Svcs	1,130.00
17	10/17/14	Briggs	192.77
18	10/17/14	Pathways To Achievement Inc.	499.25 -
19	10/17/14	Professional Portable X-Ray, Inc.	305.82 -
35	10/29/14	Aramark Uniform Services	8,433.48
36	10/29/14	Amara Healthcare	18,250.00
58	12/31/2014	Health Partners	4,052.70
59	12/31/2014	UNUM Life Insurance Company of America	434.99
60	12/31/2014	National Vision Administrators	73.34

End

ATTACHMENT 4B

MONTHLY SUMMARY OF BANK ACTIVITY - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 12/1/14 Period ending 12/31/14

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity.
A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm.

NAME OF BANK: National Band of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc. ACCOUNT NUMBER: xxxxxx4308

PURPOSE OF ACCOUNT: PAYROLL

Ending Balance per Bank Statement	\$	<u>3,259.67</u>	
Plus Total Amount of Outstanding Deposits	\$	_____	
Minus Total Amount of Outstanding Checks and other debits	\$	<u>10,584.30</u>	*
Minus Service Charges	\$	_____	
Ending Balance per Check Register	\$	<u>(7,324.63)</u>	**(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: A transfer from Operating Account would be made the first of January.

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-payroll disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5B
CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 12/1/14 Period ending 12/31/14

NAME OF BANK: National Bank of Commerce BRANCH: _____

ACCOUNT NAME: HP/Superior, Inc.

ACCOUNT NUMBER: xxxxxx4308

PURPOSE OF ACCOUNT: PAYROLL

Account for all disbursements, including voids, lost payments, stop payment, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

[illegible]

SUPERIOR, INC. (185)
PAYROLL BANK RECONCILIATION
(185) 1-0000-1000005

December 31, 2014

NATIONAL BANK OF COMMERCE (Bank Account Number Ending 4308)

	Per Bank	Per Books
BEGINNING GL BALANCE		(14,735.31)
ENDING BANK BALANCE	3,759.67	
FACILITY DEPOSITS		50,493.19
WIRE TRANSFERS IN		4,000.00
WIRE TRANSFERS IN - RELATED FACILITY ACCOUNTS		119,000.00
WIRE TRANSFERS OUT		
WIRE TRANSFERS OUT - RELATED FACILITY ACCOUNTS		(10,000.00)
PAYROLL CHECKS 12/05/14 (#9203 - Garnishment Check)		(90.46)
PAYROLL CHECKS 12/12/14 (#9204-9307)		(86,568.98)
PAYROLL CHECKS 12/12/14 (Reverse Invalid Check #9307)		4,413.91
PAYROLL CHECKS 12/26/14 (#9308-9405)		(70,566.07)
PAYROLL CHECKS 12/26/14 (Reverse Invalid Check #9405)		3,769.79
OUTSTANDING CHECKS (SCHEDULE ATTACHED)	(10,584.30)	
FED TAX PAYMENT - IRS - xx/xx/xx		
FED TAX PAYMENT - IRS - xx/xx/xx		
FEY TAX PAYMENT - STATE - xx/xx/xx		
FED TAX PAYMENT - STATE - xx/xx/xx		
PROLIANT AP PAYMENT - 12/11/14		(234.55)
PROLIANT AP PAYMENT - 12/24/14		(222.45)
ANALYSIS CHARGE		
NSF/OVERDRAFT FEES		(83.70)
WIRE FEES		(500.00)
CASHIER CHECK FEES		
VOIDED CHECKS		
MISCELLANEOUS ITEMS:		
	(7,324.63)	(7,324.63)
Difference between Bank and Books		0.00

Prepared by

Reviewed by

1/14/2015

SUPERIOR, INC. (185)
OUTSTANDING CHECKS
December 31, 2014
NATIONAL BANK OF COMMERCE (ENDING 4308)

TOTAL OUTSTANDING CHECKS -----> 10,584.30

CHECK #	PAYEE	DATE	AMOUNT
5023	Boyd, Dorothy	02/22/13	285.89
5177	Guenard, Taylor	03/22/13	3.22
8676	Houle, Marcia	10/17/14	745.41
9288	Warner, Katrina	12/12/14	1,072.70
9314	Johnson, Karen	12/26/14	2,160.98
9315	Johnston, Hannah	12/26/14	1,420.67
9328	Belanger, Sarah	12/26/14	599.06
9336	Hall, Angela	12/26/14	477.15
9360	Lundberg, Juliana	12/26/14	2,085.22
9379	Doolittle, Robin	12/26/14	848.63
9386	Abrahamson, Travis	12/26/14	147.09
9400	WI Council 40, Per Capita	12/26/14	738.28

End

Date 12/31/14 Page 1
 Primary Account @XXXXXXXXXX@4308
 Enclosures 247

HP SUPERIOR INC
 ST FRANCIS IN THE PARK
 PAYROLL ACCOUNT
 1800 NEW YORK AVE
 SUPERIOR WI 54880

* * * CHECKING ACCOUNTS * * *

Account Title: HP SUPERIOR INC
 ST FRANCIS IN THE PARK
 PAYROLL ACCOUNT

WE ARE TAKING PRECAUTIONS TO PROTECT OUR DEBIT CARD CUSTOMERS FROM FRAUDULENT TRANSACTIONS. BEFORE YOU TRAVEL, PLEASE NOTIFY US.

BUSINESS CHECKING		Number of Enclosures	247
Account Number	@XXXXXXXXXX@4308	Statement Dates	12/01/14 thru 12/31/14
Previous Balance	13,588.53	Days in the statement period	31
12 Deposits/Credits	173,493.19	Average Ledger	10,299.48
263 Checks/Debits	183,822.05	Average Collected	10,299.48
SERVICE CHARGE	.00		
Interest Paid	.00		
Current Balance	3,259.67		

	Total For This Period	Total Year-to-Date
Overdraft item fees year to date	\$480.00	\$3,210.00
Return item fees year to date	\$.00	\$630.00

DESCRIPTIVE CREDITS AND DEBITS

12/01 Total of 17 Checks Presented	10,400.40-	3,188.13
12/01 Analysis Service Charge	83.70-	3,104.43
12/02 Total of 9 Checks Presented	6,042.10-	2,937.67-
12/02 Paid Item Fee	30.00-	2,967.67-
12/02 Paid Item Fee	30.00-	2,997.67-

Date 12/31/14 Page 2
 Primary Account @XXXXXXXXXX@4308
 Enclosures 247

BUSINESS CHECKING @XXXXXXXXXX@4308 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

12/02 Paid Item Fee	30.00-	3,027.67-
12/02 Paid Item Fee	30.00-	3,057.67-
12/02 Paid Item Fee	30.00-	3,087.67-
12/03 Trsf from OPERATING ACCT	5,000.00	1,912.33
Confirmation number 1203140052		
12/03 CHECKING DEPOSIT	4,000.00	5,912.33
12/03 CHECKING DEPOSIT	10,000.00	15,912.33
12/03 Total of 7 Checks Presented	13,806.04-	2,106.29
12/04 Total of 1 Check Presented	92.47-	2,013.82
12/05 Trsf from OPERATING ACCT	5,000.00	7,013.82
Confirmation number 1205140080		
12/05 Total of 6 Checks Presented	3,334.01-	3,679.81
12/09 Total of 4 Checks Presented	2,012.50-	1,667.31
12/10 CHECKING DEPOSIT	28,925.66	30,592.97
12/10 Total of 1 Check Presented	213.44-	30,379.53
12/11 PD BILL GA0582 HP/SUPERI	234.55-	30,144.98
ST FRANCIS HOME IN THE		
GA0582		
12/12 telephone transfer per jen	35,000.00	65,144.98
sanda-rose		
12/12 Total of 67 Checks Presented	54,247.89-	10,897.09
12/15 Total of 14 Checks Presented	10,045.17-	851.92
12/16 CHECKING DEPOSIT	15,820.63	16,672.55
12/16 Total of 8 Checks Presented	8,285.87-	8,386.68
12/17 Total of 4 Checks Presented	2,327.05-	6,059.63
12/18 Total of 4 Checks Presented	1,070.35-	4,989.28
12/19 Total of 4 Checks Presented	1,616.96-	3,372.32
12/22 Total of 5 Checks Presented	4,785.76-	1,413.44-
12/22 Paid Item Fee	30.00-	1,443.44-
12/22 Paid Item Fee	30.00-	1,473.44-
12/22 Paid Item Fee	30.00-	1,503.44-
12/23 Trsf from OPERATING ACCT	2,000.00	496.56
Confirmation number 1223140018		
12/24 Trsf from OPERATING ACCT	55,000.00	55,496.56
Confirmation number 1224140051		
12/24 CHECKING DEPOSIT	5,746.90	61,243.46
12/24 PD BILL GA0582 HP/SUPERI	222.45-	61,021.01
ST FRANCIS HOME IN THE		
GA0582		
12/26 Total of 58 Checks Presented	44,963.33-	16,057.68
12/29 Total of 18 Checks Presented	11,496.30-	4,561.38
12/30 Total of 13 Checks Presented	6,210.25-	1,648.87-
12/30 Paid Item Fee	30.00-	1,678.87-
12/30 Paid Item Fee	30.00-	1,708.87-
12/30 Paid Item Fee	30.00-	1,738.87-
12/30 Paid Item Fee	30.00-	1,768.87-

Date 12/11/14 Page 3
 Primary Account #XXXXXXXXXX04308
 Enclosure 247

BUSINESS CHECKING #XXXXXXXXXX04308 (Continued)

DESCRIPTIVE CREDITS AND DEBITS

12/10 Paid Item Fee	30.00-	1,798.87-
12/10 Paid Item Fee	30.00-	1,828.87-
12/10 Paid Item Fee	30.00-	1,858.87-
12/10 Paid Item Fee	30.00-	1,888.87-
12/11 Trsf From OPERATING ACCT Confirmation number 1231140064	4,000.00	2,111.13
12/11 Trsf From OPERATING ACCT Confirmation number 1231140125	3,000.00	5,111.13
12/11 Total of 2 Checks Presented	1,831.46-	3,279.67
12/11 Chargeback 6000	5.00-	3,274.67
12/11 Chargeback 6002	15.00	3,259.67

*** CHECKS IN CHECK NUMBER ORDER ***

Date	Check No	Amount	Date	Check No	Amount
12/01		308.92	12/01	9153*	898.16
12/02		10,000.00	12/02	9155*	214.45
12/09		205.89	12/10	9156	213.44
12/17	9097*	6.71	12/01	9160*	1,255.46
12/12	9060*	184.70	12/01	9161	184.71
12/01	9087*	435.70	12/02	9163*	396.27
12/01	9089	898.11	12/05	9165*	296.60
12/02	9092*	1,269.84	12/01	9172*	138.56
12/02	9093	173.35	12/03	9177*	896.34
12/05	9096*	1,830.33	12/03	9180*	1,072.70
12/05	9097	184.70	12/03	9181	173.35
12/03	9113*	273.24	12/01	9184*	1,342.85
12/01	9119*	448.29	12/01	9185	184.70
12/18	9121*	307.62	12/09	9188*	1,450.84
12/01	9137*	131.49	12/09	9189	184.70
12/01	9127	499.19	12/03	9194*	1,077.50
12/01	9140*	384.37	12/03	9195	304.98
12/01	9133*	669.56	12/05	9197*	126.46
12/02	9134	72.52	12/22	9198	770.74
12/02	9145	991.34	12/09	9199	174.23
12/05	9146	207.73	12/03	9200	281.17
12/02	9137	654.41	12/04	9201	92.47
12/05	9139*	553.43	12/16	9203*	90.46
12/17	9141*	38.59	12/16	9204	165.38
12/01	9146*	446.99	12/12	9205	1,296.57
12/02	9148*	2,085.22	12/16	9206	2,041.81
12/02	9149	184.70	12/15	9207	455.55
12/01	9150	1,858.24	12/16	9208	1,237.56
12/01	9151	173.35	12/16	9209	406.00

* Denotes missing check numbers

Date 12/31/14 Page 4
 Primary Account @XXXXXXXXXX@4308
 Enclosures 247

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

Date		Check No	Amount	Date	Check No	Amount
12/15	9210	2,503.87	12/12	9255	594.73	
12/22	9211	2,275.42	12/12	9256	1,748.61	
12/12	9212	1,081.60	12/15	9257	437.41	
12/12	9213	655.24	12/12	9258	1,385.23	
12/12	9214	2,305.02	12/17	9259	2,085.22	
12/12	9215	761.42	12/16	9260	1,916.88	
12/15	9216	441.59	12/12	9261	1,466.02	
12/12	9217	1,135.18	12/12	9262	893.75	
12/15	9218	149.61	12/12	9263	494.64	
12/12	9219	2,114.83	12/12	9264	1,360.36	
12/12	9220	1,661.67	12/12	9265	96.64	
12/12	9221	804.21	12/12	9266	601.59	
12/12	9222	1,338.42	12/22	9267	658.61	
12/12	9223	532.47	12/22	9268	316.88	
12/15	9224	559.44	12/15	9269	1,255.45	
12/12	9225	650.10	12/12	9270	597.34	
12/18	9226	459.24	12/16	9271	181.93	
12/12	9227	727.06	12/12	9272	50.94	
12/12	9228	586.03	12/19	9273	70.59	
12/12	9229	698.71	12/12	9274	489.62	
12/12	9230	1,038.45	12/12	9275	1,001.18	
12/12	9231	1,238.60	12/12	9276	438.53	
12/15	9232	698.25	12/12	9277	617.48	
12/12	9233	864.18	12/12	9278	956.05	
12/18	9234	131.02	12/12	9279	1,137.24	
12/12	9235	453.21	12/12	9280	144.70	
12/12	9236	765.76	12/12	9281	692.07	
12/12	9237	576.90	12/15	9282	886.55	
12/12	9238	764.08	12/12	9283	291.24	
12/12	9239	308.93	12/12	9284	1,272.24	
12/12	9240	1,016.44	12/12	9285	820.25	
12/12	9241	590.95	12/12	9286	649.81	
12/12	9242	809.51	12/12	9287	578.50	
12/15	9243	217.45	12/12	9289*	221.63	
12/12	9244	1,227.72	12/12	9290	593.57	
12/12	9245	872.79	12/19	9291	1,343.50	
12/15	9246	653.10	12/12	9292	598.88	
12/12	9247	416.11	12/15	9293	344.03	
12/16	9248	908.81	12/16	9294	1,502.42	
12/30	9249	11.72	12/12	9295	1,136.58	
12/12	9250	763.34	12/12	9296	322.59	
12/12	9251	725.43	12/12	9297	782.84	
12/12	9252	461.69	12/12	9298	519.63	
12/12	9253	978.24	12/15	9299	1,077.49	
12/12	9254	427.78	12/12	9300	860.07	

* Denotes missing check numbers

Date 12/31/14 Page 5
 Primary Account @XXXXXXXXXX@4308
 Enclosures 247

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

Date		Check No	--- CHECKS IN CHECK NUMBER ORDER ---		Amount
			Amount	Date	Check No
12/19	9301		126.46	12/26	9352
12/22	9302		764.11	12/29	9353
12/29	9303		170.42	12/26	9354
12/17	9304		196.53	12/26	9355
12/19	9305		76.41	12/26	9356
12/18	9306		92.47	12/26	9357
12/29	9308*		358.59	12/29	9358
12/26	9309		1,305.26	12/26	9359
12/30	9310		1,547.19	12/29	9361*
12/29	9311		455.55	12/26	9362
12/29	9312		1,286.07	12/29	9363
12/29	9313		406.00	12/26	9364
12/26	9316*		1,068.03	12/29	9365
12/26	9317		1,729.37	12/26	9366
12/26	9318		749.79	12/29	9367
12/26	9319		1,134.03	12/26	9368
12/29	9320		306.01	12/30	9369
12/26	9321		1,748.39	12/26	9370
12/26	9322		1,466.22	12/26	9371
12/26	9323		764.40	12/26	9372
12/26	9324		1,071.05	12/26	9373
12/26	9325		484.62	12/26	9374
12/26	9326		350.87	12/26	9375
12/26	9327		656.19	12/26	9376
12/26	9329*		720.08	12/26	9377
12/26	9330		722.44	12/26	9378
12/26	9331		875.27	12/26	9380*
12/26	9332		630.31	12/26	9381
12/26	9333		996.39	12/26	9382
12/29	9334		502.67	12/26	9383
12/26	9335		463.20	12/26	9384
12/26	9337*		446.14	12/29	9385
12/26	9338		707.63	12/26	9387*
12/26	9339		230.88	12/30	9388
12/29	9340		431.48	12/30	9389
12/26	9341		635.26	12/29	9390
12/26	9342		586.98	12/30	9391
12/26	9343		503.13	12/31	9392
12/26	9344		623.46	12/31	9393
12/26	9345		929.37	12/26	9394
12/26	9346		1,327.17	12/26	9395
12/30	9347		610.41	12/26	9396
12/29	9348		381.73	12/26	9397
12/30	9350*		1,023.69	12/26	9398
12/26	9351		576.51	12/30	9399

* Denotes missing check numbers

Date 12/31/14 Page 6
 Primary Account @XXXXXXXXXX@4308
 Enclosures 247

BUSINESS CHECKING

@XXXXXXXXXX@4308 (Continued)

Date	Check No	Amount	Date	Check No	Amount
12/30	9401*	157.52	12/30	9403	23.86
12/30	9402	196.54	12/30	9404	92.47

--- CHECKS IN CHECK NUMBER ORDER ---

* Denotes missing check numbers

* * * DAILY BALANCE INFORMATION * * *			
Date	Balance	Date	Balance
12/01	3,104.43	12/11	30,144.98
12/02	3,087.67-	12/12	10,897.09
12/03	2,106.29	12/15	851.92
12/04	2,013.82	12/16	8,386.68
12/05	3,679.81	12/17	6,059.63
12/09	1,667.31	12/18	4,989.28
12/10	30,379.53	12/19	3,372.32

Check Register		St Francis Home In The Park	Check Date: 12/12/2014	Page 1
		Company (GA0582)	Pay Period: 11/24/2014 to 12/07/2014	
			Process: 2014121201	

Bank Account 4308	Transit Number 091800028	Bank Name NATIONAL BANK OF COMMERCE,	Description CLIENT
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Payroll Checks

Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check
9204	Reg	12/12/2014	82444	Edwards, Molly	365.38	0.00	365.38
9205	Reg	12/12/2014	999873	Gailey, Mark	1,296.57	0.00	1,296.57
9206	Reg	12/12/2014	027089	Godbold, Jennifer	2,041.81	0.00	2,041.81
9207	Reg	12/12/2014	027089	Godbold, Jennifer	455.55	0.00	455.55
9208	Reg	12/12/2014	235000	Hieb, April	1,237.56	0.00	1,237.56
9209	Reg	12/12/2014	235000	Hieb, April	406.00	0.00	406.00
9210	Reg	12/12/2014	789981	Johnson, Karen	2,503.87	0.00	2,503.87
9211	Reg	12/12/2014	199409	Johnston, Hannah	2,275.42	0.00	2,275.42
9212	Reg	12/12/2014	944582	Kovach, Jessica	1,081.60	0.00	1,081.60
9213	Reg	12/12/2014	157910	Nelson, Britini	655.24	0.00	655.24
9214	Reg	12/12/2014	923629	Prock, Kelly	2,305.02	0.00	2,305.02
9215	Reg	12/12/2014	747018	Ayers, Lauri	761.42	0.00	761.42
9216	Reg	12/12/2014	999868	Mobilin, Karin	441.59	0.00	441.59
9217	Reg	12/12/2014	066163	Radtke, Alecia	1,135.18	0.00	1,135.18
9218	Reg	12/12/2014	703467	Riddell-Wade, Mary	149.61	0.00	149.61
9219	Reg	12/12/2014	999870	Schnepper, Dawn	2,114.83	0.00	2,114.83
9220	Reg	12/12/2014	846167	Swonger, Ilo	1,661.67	0.00	1,661.67
9221	Reg	12/12/2014	887403	Anderson, Brenda	804.21	0.00	804.21
9222	Reg	12/12/2014	841445	Anderson, Tina	1,338.42	0.00	1,338.42
9223	Reg	12/12/2014	139922	Andruski, Katie	532.47	0.00	532.47
9224	Reg	12/12/2014	961250	Ayers, Meghan	559.44	0.00	559.44
9225	Reg	12/12/2014	115245	Beckwell, Lily	650.10	0.00	650.10
9226	Reg	12/12/2014	157977	Belanger, Sarah	459.24	0.00	459.24
9227	Reg	12/12/2014	864510	Birk, Randal	727.06	0.00	727.06
9228	Reg	12/12/2014	999875	Bodendorf, Alexandra	586.03	0.00	586.03
9229	Reg	12/12/2014	920865	Chiles, Sarah	698.71	0.00	698.71
9230	Reg	12/12/2014	290506	D'Auria, Kiley	1,038.45	0.00	1,038.45
9231	Reg	12/12/2014	925354	Degrace, Elizabeth	1,238.60	0.00	1,238.60
9232	Reg	12/12/2014	734876	DeMour, Brooke	698.25	0.00	698.25
9233	Reg	12/12/2014	22780	Espino, Carolyn	864.18	0.00	864.18
9234	Reg	12/12/2014	848810	Hall, Angela	131.02	0.00	131.02
9235	Reg	12/12/2014	116920	Houle, Marcia	453.21	0.00	453.21
9236	Reg	12/12/2014	983557	Hovess, Kathline	765.76	0.00	765.76
9237	Reg	12/12/2014	677791	Jillson, Laura	576.90	0.00	576.90
9238	Reg	12/12/2014	686608	Johnson, Joan	764.08	0.00	764.08
9239	Reg	12/12/2014	702301	Kidder, Rebecca	308.93	0.00	308.93
9240	Reg	12/12/2014	25628	Kolchmanin, Tiffany	1,016.44	0.00	1,016.44
9241	Reg	12/12/2014	231832	Kozak, Casey	590.95	0.00	590.95
9242	Reg	12/12/2014	154173	Loughren, Samantha	809.51	0.00	809.51
9243	Reg	12/12/2014	114097	Lundgren, Danielle	217.45	0.00	217.45
9244	Reg	12/12/2014	787262	Neigebauer, Tara	1,227.72	0.00	1,227.72
9245	Reg	12/12/2014	82333	O'Flanagan, Andrea	872.79	0.00	872.79
9246	Reg	12/12/2014	922627	Quizen, Jennifer	653.10	0.00	653.10
9247	Reg	12/12/2014	801276	Peterson, Shelley Marie	416.11	0.00	416.11
9248	Reg	12/12/2014	667800	Radtke, Kathleen	908.81	0.00	908.81
9249	Reg	12/12/2014	747465	Rogers, Amber	11.72	0.00	11.72
9250	Reg	12/12/2014	540652	Ross, Margaret	763.34	0.00	763.34
9251	Reg	12/12/2014	085921	Sanders, Courtney	725.43	0.00	725.43
9252	Reg	12/12/2014	113942	Schnitz, Amber	461.69	0.00	461.69
9253	Reg	12/12/2014	296045	Strandness, Kayla	978.24	0.00	978.24
9254	Reg	12/12/2014	393281	Vang, Jiyon	427.78	0.00	427.78
9255	Reg	12/12/2014	291643	Vukelich, Sarah	594.73	0.00	594.73
9256	Reg	12/12/2014	945947	Winkler-Peterson, Angela	1,748.61	0.00	1,748.61
9257	Reg	12/12/2014	372486	Wise, Charity	437.41	0.00	437.41
9258	Reg	12/12/2014	875489	Verlooy, Laurie	1,385.23	0.00	1,385.23
9259	Reg	12/12/2014	024246	Lundberg, Juliana	2,085.22	0.00	2,085.22
9260	Reg	12/12/2014	40859	Rose, Jennifer	1,916.88	0.00	1,916.88
9261	Reg	12/12/2014	861711	Van Overmeiren, Melissa	1,466.02	0.00	1,466.02
9262	Reg	12/12/2014	725053	Broadwell, Catherine	893.75	0.00	893.75
9263	Reg	12/12/2014	725053	Broadwell, Catherine	494.64	0.00	494.64
9264	Reg	12/12/2014	660670	Fitch, Christine	1,360.36	0.00	1,360.36
9265	Reg	12/12/2014	270287	Susnik, Aili	96.64	0.00	96.64
9266	Reg	12/12/2014	768955	Aiken, Candy	601.59	0.00	601.59
9267	Reg	12/12/2014	581245	Burke, Linda	658.61	0.00	658.61
9268	Reg	12/12/2014	581245	Burke, Linda	316.88	0.00	316.88
9269	Reg	12/12/2014	904048	Jacobson, Sherry	1,255.45	0.00	1,255.45
9270	Reg	12/12/2014	722914	Johns, Barbara	597.34	0.00	597.34
9271	Reg	12/12/2014	068375	Katz, Ashley	181.93	0.00	181.93
9272	Reg	12/12/2014	213493	Lowery, Justin	50.94	0.00	50.94
9273	Reg	12/12/2014	904274	Riley, Jessica	70.59	0.00	70.59
9274	Reg	12/12/2014	923913	Sjogren, Daniel	489.62	0.00	489.62
9275	Reg	12/12/2014	621137	Turnvall, Patricia	1,001.18	0.00	1,001.18
9276	Reg	12/12/2014	945711	Van Overmeiren, Amber	438.53	0.00	438.53
9277	Reg	12/12/2014	947024	Vnuk, Ross	617.48	0.00	617.48
9278	Reg	12/12/2014	523171	Wicklund, Joanne	956.05	0.00	956.05

PROLIANT
PHONE (770) 395-6615 FAX (770) 395-6617

Run Date: 12/31/14
Run Time: 9:49 AM

Account 4308
Check/Voucher 9204 To 9278

Check Register	St Francis Home In The Park	Check Date: 12/12/2014	Page
	Company (GA0582)	Pay Period: 11/24/2014 to 12/07/2014	2
		Process: 2014121201	

Bank Account	Transit Number	Bank Name	Description
9071064308	091800028	NATIONAL BANK OF COMMERCE,	CLIENT

Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check
9279	<input type="checkbox"/> Reg	12/12/2014	623919	Brock, Wanda	1,137.24	0.00	1,137.24
9280	<input type="checkbox"/> Reg	12/12/2014	172188	Cari, Amanda	144.70	0.00	144.70
9281	<input type="checkbox"/> Reg	12/12/2014	920067	Coone, Steven	692.07	0.00	692.07
9282	<input type="checkbox"/> Reg	12/12/2014	866817	Doolittle, Robin	886.55	0.00	886.55
9283	<input type="checkbox"/> Reg	12/12/2014	152643	Downs, Cody	291.24	0.00	291.24
9284	<input type="checkbox"/> Reg	12/12/2014	669468	Graskey, Jean	1,272.24	0.00	1,272.24
9285	<input type="checkbox"/> Reg	12/12/2014	581015	Odell, Barbara	820.25	0.00	820.25
9286	<input type="checkbox"/> Reg	12/12/2014	928543	Sawyer, Donna	649.81	0.00	649.81
9287	<input type="checkbox"/> Reg	12/12/2014	902439	Thompson, Tamara	578.50	0.00	578.50
9288	<input type="checkbox"/> Reg	12/12/2014	081820	Warner, Katrina	1,072.70	0.00	1,072.70
9289	<input type="checkbox"/> Reg	12/12/2014	999876	Abrahamson, Travis	221.63	0.00	221.63
9290	<input type="checkbox"/> Reg	12/12/2014	999877	Cozzi, Terry	593.57	0.00	593.57
9291	<input type="checkbox"/> Reg	12/12/2014	561027	Duffy, Thomas	1,343.50	0.00	1,343.50
9292	<input type="checkbox"/> Reg	12/12/2014	158365	Graskey, Mitchell	598.88	0.00	598.88
9293	<input type="checkbox"/> Reg	12/12/2014	999878	Rankin, Danna	344.03	0.00	344.03
9294	<input type="checkbox"/> Reg	12/12/2014	470918	Anderson, Jan	1,502.42	0.00	1,502.42
9295	<input type="checkbox"/> Reg	12/12/2014	483478	Christianson, Joan	1,136.58	0.00	1,136.58
9296	<input type="checkbox"/> Reg	12/12/2014	483478	Christianson, Joan	322.59	0.00	322.59
9297	<input type="checkbox"/> Reg	12/12/2014	847349	Dolsen, Brenda	782.84	0.00	782.84
9298	<input type="checkbox"/> Reg	12/12/2014	847349	Dolsen, Brenda	519.63	0.00	519.63
9299	<input type="checkbox"/> Reg	12/12/2014	086992	Gervais, Destiny	1,077.49	0.00	1,077.49
9300	<input type="checkbox"/> Reg	12/12/2014	761881	Miner, Mary	860.07	0.00	860.07

Totals for Payroll Checks 97 Items 80,728.67 80,728.67

Third Party and Misc Checks

Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check
9301	<input type="checkbox"/> Agency	12/12/2014	22	WI SCTF	126.46	0.00	126.46
9302	<input type="checkbox"/> Agency	12/12/2014	6	WI COUNCIL 40, PER CAPITA	764.11	0.00	764.11
9303	<input type="checkbox"/> Agency	12/12/2014	81	HARTFORD LIFE	170.42	0.00	170.42
9304	<input type="checkbox"/> Agency	12/12/2014	DOLB	Range Credit Bureau Inc	196.53	0.00	196.53
9305	<input type="checkbox"/> Agency	12/12/2014	JLow	WISCTF	76.41	0.00	76.41
9306	<input type="checkbox"/> Agency	12/12/2014	THOMT	Minnesota Child Support Payment	92.47	0.00	92.47
9307	<input type="checkbox"/> Tax	12/12/2014	WI	THIS IS NOT A VALID CHECK	4,413.91	0.00	4,413.91
100981	<input type="checkbox"/> Tax	12/12/2014	FITW	NATIONAL BANK OF COMMER	24,674.86	24,674.86	0.00
100982	<input type="checkbox"/> Transfer	12/11/2014	Billing	Proliant Atlanta	234.55	234.55	0.00

Totals for Third Party and Misc Checks 9 Items 30,749.72 24,909.41 5,840.31

Totals for Account 9071064308

Check Type	Count	Net Amount	Dir Dep	Net Check
Agency	6	1,426.40	0.00	1,426.40
Reg	97	80,728.67	0.00	80,728.67
Tax	2	29,088.77	24,674.86	4,413.91
Transfer	1	234.55	234.55	0.00
Totals	106	111,478.39	24,909.41	86,568.98

Account Totals

Account	Count	Net Amount	Dir Dep	Net Check
9071064308	106	111,478.39	24,909.41	86,568.98
Totals	106	111,478.39	24,909.41	86,568.98

Check Register	St Francis Home In The Park	Check Date: 12/26/2014	Page 1
	Company (GA0582)	Pay Period: 12/08/2014 to 12/21/2014	
		Process: 2014122601	

Bank Account	Transit Number	Bank Name	Description
308	091800028	NATIONAL BANK OF COMMERCE,	CLIENT

Payroll Checks

Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check
9308	Reg	12/26/2014	82444	Edwards, Molly	358.59	0.00	358.59
9309	Reg	12/26/2014	999873	Ganey, Mark	1,305.26	0.00	1,305.26
9310	Reg	12/26/2014	027089	Gadbold, Jennifer	1,547.19	0.00	1,547.19
9311	Reg	12/26/2014	027089	Gadbold, Jennifer	455.55	0.00	455.55
9312	Reg	12/26/2014	235000	Hieb, April	1,286.07	0.00	1,286.07
9313	Reg	12/26/2014	235000	Hieb, April	406.00	0.00	406.00
9314	Reg	12/26/2014	789981	Johnson, Karen	2,160.98	0.00	2,160.98
9315	Reg	12/26/2014	199409	Johnston, Hannah	1,420.67	0.00	1,420.67
9316	Reg	12/26/2014	944582	Kovach, Jessica	1,068.03	0.00	1,068.03
9317	Reg	12/26/2014	923629	Prock, Kelly	1,729.37	0.00	1,729.37
9318	Reg	12/26/2014	747018	Ayers, Lanni	749.79	0.00	749.79
9319	Reg	12/26/2014	066163	Radtke, Alecia	1,134.03	0.00	1,134.03
9320	Reg	12/26/2014	703467	Riddell-Wade, Mary	306.01	0.00	306.01
9321	Reg	12/26/2014	999870	Schnepper, Dawn	1,748.39	0.00	1,748.39
9322	Reg	12/26/2014	846167	Swonger, Ilin	1,466.22	0.00	1,466.22
9323	Reg	12/26/2014	857403	Anderson, Brenda	764.40	0.00	764.40
9324	Reg	12/26/2014	841445	Anderson, Tina	1,071.05	0.00	1,071.05
9325	Reg	12/26/2014	139922	Androski, Katie	484.62	0.00	484.62
9326	Reg	12/26/2014	961250	Ayers, Maegen	350.87	0.00	350.87
9327	Reg	12/26/2014	113245	Beckwith, Lily	656.19	0.00	656.19
9328	Reg	12/26/2014	157977	Behniger, Sarah	599.06	0.00	599.06
9329	Reg	12/26/2014	864510	Birk, Randal	720.08	0.00	720.08
9330	Reg	12/26/2014	999875	Bodendorf, Alexandra	722.44	0.00	722.44
9331	Reg	12/26/2014	920865	Chiles, Sarah	875.27	0.00	875.27
9332	Reg	12/26/2014	290506	D'Auria, Kiley	630.31	0.00	630.31
9333	Reg	12/26/2014	925354	Degraef, Elizabeth	996.39	0.00	996.39
9334	Reg	12/26/2014	734876	DeMoure, Brooke	502.67	0.00	502.67
9335	Reg	12/26/2014	22780	Espejo, Carolyn	463.20	0.00	463.20
9336	Reg	12/26/2014	848810	Half, Angela	477.15	0.00	477.15
9337	Reg	12/26/2014	116920	Houle, Marcia	446.14	0.00	446.14
9338	Reg	12/26/2014	983557	Howes, Kathleen	707.63	0.00	707.63
9339	Reg	12/26/2014	983557	Howes, Kathleen	230.88	0.00	230.88
9340	Reg	12/26/2014	677791	Jillson, Luana	431.48	0.00	431.48
9341	Reg	12/26/2014	686608	Johnson, Joan	635.26	0.00	635.26
9342	Reg	12/26/2014	702301	Kiddor, Rebecca	586.98	0.00	586.98
9343	Reg	12/26/2014	25628	Kolehmansen, Tiffany	503.13	0.00	503.13
9344	Reg	12/26/2014	231832	Kozak, Cnsy	623.46	0.00	623.46
9345	Reg	12/26/2014	154173	Loughren, Samantha	929.37	0.00	929.37
9346	Reg	12/26/2014	787262	Neugebauer, Tina	1,327.17	0.00	1,327.17
9347	Reg	12/26/2014	82333	O'Flanagan, Andrea	610.41	0.00	610.41
9348	Reg	12/26/2014	922627	Outzen, Jennifer	381.73	0.00	381.73
9349	Reg	12/26/2014	801276	Peterson, Shelley Marie	205.89	0.00	205.89
9350	Reg	12/26/2014	667800	Radtke, Kathleen	1,023.69	0.00	1,023.69
9351	Reg	12/26/2014	540652	Ross, Margaret	576.51	0.00	576.51
9352	Reg	12/26/2014	085921	Sanders, Courtney	608.27	0.00	608.27
9353	Reg	12/26/2014	113942	Schnautz, Amber	658.81	0.00	658.81
9354	Reg	12/26/2014	296045	Sirandness, Kayla	850.55	0.00	850.55
9355	Reg	12/26/2014	393281	Yang, Jiyon	196.83	0.00	196.83
9356	Reg	12/26/2014	291643	Vukelich, Sarah	175.80	0.00	175.80
9357	Reg	12/26/2014	945947	Winkler-Peterson, Angela	1,136.11	0.00	1,136.11
9358	Reg	12/26/2014	372486	Wise, Charity	441.74	0.00	441.74
9359	Reg	12/26/2014	875489	Verlooy, Laurie	1,050.60	0.00	1,050.60
9360	Reg	12/26/2014	024246	Lundberg, Julliana	2,085.22	0.00	2,085.22
9361	Reg	12/26/2014	40859	Rose, Jennifer	1,916.87	0.00	1,916.87
9362	Reg	12/26/2014	861711	Vin Overmeiren, Melissa	1,466.02	0.00	1,466.02
9363	Reg	12/26/2014	725053	Broadwell, Catherine	895.15	0.00	895.15
9364	Reg	12/26/2014	660670	Fitch, Christine	1,360.38	0.00	1,360.38
9365	Reg	12/26/2014	270287	Susnik, Aili	94.80	0.00	94.80
9366	Reg	12/26/2014	768955	Aiken, Candy	542.83	0.00	542.83
9367	Reg	12/26/2014	904048	Jacobson, Sherry	1,255.46	0.00	1,255.46
9368	Reg	12/26/2014	722914	Johns, Barbara	340.67	0.00	340.67
9369	Reg	12/26/2014	068375	Kotz, Ashley	333.93	0.00	333.93
9370	Reg	12/26/2014	213493	Lowery, Justin	15.90	0.00	15.90
9371	Reg	12/26/2014	923913	Sjogren, Daniel	605.61	0.00	605.61
9372	Reg	12/26/2014	623137	Turnvall, Patricia	1,010.80	0.00	1,010.80
9373	Reg	12/26/2014	945711	Van Overmeiren, Amber	250.64	0.00	250.64
9374	Reg	12/26/2014	947024	Vruk, Ross	461.48	0.00	461.48
9375	Reg	12/26/2014	523171	Wicklund, Joanne	849.70	0.00	849.70
9376	Reg	12/26/2014	623919	Brock, Wanda	1,192.87	0.00	1,192.87
9377	Reg	12/26/2014	172188	Carr, Amanda	182.31	0.00	182.31
9378	Reg	12/26/2014	920067	Coone, Steven	607.81	0.00	607.81
9379	Reg	12/26/2014	866817	Doolittle, Robin	848.63	0.00	848.63
9380	Reg	12/26/2014	152643	Dowds, Cody	280.61	0.00	280.61
9381	Reg	12/26/2014	669468	Griskey, Jenn	1,272.25	0.00	1,272.25
9382	Reg	12/26/2014	581015	Odell, Barbara	738.60	0.00	738.60

Check Register	St Francis Home In The Park Company (GA0562)	Check Date: 12/26/2014 Pay Period: 12/08/2014 to 12/21/2014 Process: 2014122601	Page 2
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Bank Account	Transit Number	Bank Name	Description				
4308	091800028	NATIONAL BANK OF COMMERCE,	CLIENT				
Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check
9383	<input type="checkbox"/> Reg	12/26/2014	928543	Savvyer, Donna	474.49	0.00	474.49
9384	<input type="checkbox"/> Reg	12/26/2014	902439	Thompson, Tamara	460.71	0.00	460.71
9385	<input type="checkbox"/> Reg	12/26/2014	081820	Warner, Katrina	1,072.70	0.00	1,072.70
9386	<input type="checkbox"/> Reg	12/26/2014	999876	Abrahamson, Travis	147.09	0.00	147.09
9387	<input type="checkbox"/> Reg	12/26/2014	999877	Cozzi, Terry	635.95	0.00	635.95
9388	<input type="checkbox"/> Reg	12/26/2014	561027	Duffy, Thomas	1,476.84	0.00	1,476.84
9389	<input type="checkbox"/> Reg	12/26/2014	561027	Duffy, Thomas	382.32	0.00	382.32
9390	<input type="checkbox"/> Reg	12/26/2014	158365	Graskey, Mitchell	656.36	0.00	656.36
9391	<input type="checkbox"/> Reg	12/26/2014	999878	Rankin, Dumen	227.30	0.00	227.30
9392	<input type="checkbox"/> Reg	12/26/2014	470918	Anderson, Ian	1,509.06	0.00	1,509.06
9393	<input type="checkbox"/> Reg	12/26/2014	470918	Anderson, Ian	322.40	0.00	322.40
9394	<input type="checkbox"/> Reg	12/26/2014	483478	Christianson, Joan	1,204.27	0.00	1,204.27
9395	<input type="checkbox"/> Reg	12/26/2014	847349	Dolson, Brenda	782.85	0.00	782.85
9396	<input type="checkbox"/> Reg	12/26/2014	847349	Dolson, Brenda	751.88	0.00	751.88
9397	<input type="checkbox"/> Reg	12/26/2014	086992	Cervais, Destiny	1,077.51	0.00	1,077.51
9398	<input type="checkbox"/> Reg	12/26/2014	761881	Miner, Mary	876.59	0.00	876.59

Third Party and Misc Checks

Check/Voucher	Check Type	Check Date	Payable to Id	Name	Net Amount	Dir Dep	Net Check
9399	<input type="checkbox"/> Agency	12/26/2014	22	WI SCTF	126.46	0.00	126.46
9400	<input type="checkbox"/> Agency	12/26/2014	6	WI COUNCIL 40, PIER CAPITAL	738.28	0.00	738.28
9401	<input type="checkbox"/> Agency	12/26/2014	81	HARTFORD LIFE	157.52	0.00	157.52
9402	<input type="checkbox"/> Agency	12/26/2014	DOJ.B	Range Credit Bureau Inc	196.54	0.00	196.54
9403	<input type="checkbox"/> Agency	12/26/2014	JLaw	WISCTF	23.86	0.00	23.86
9404	<input type="checkbox"/> Agency	12/26/2014	THOMT	Minnesota Child Support Payment	92.47	0.00	92.47
9405	<input type="checkbox"/> Tax	12/26/2014	WI	THIS IS NOT A VALID CHECK	3,769.79	0.00	3,769.79
100983	<input type="checkbox"/> Tax	12/26/2014	FITW	NATIONAL BANK OF COMMERCE	21,655.38	21,655.38	0.00
100984	<input type="checkbox"/> Transfer	12/24/2014	Billing	Proliant Atlanta	222.45	222.45	0.00
Totals for Third Party and Misc Checks				9 Items	26,982.75	21,877.83	5,104.92

Totals for Account 9071064308

Check Type	Count	Net Amount	Dir Dep	Net Check
Agency	6	1,335.13	0.00	1,335.13
Reg	91	71,461.15	0.00	71,461.15
Tax	2	25,425.17	21,655.38	3,769.79
Transfer	1	222.45	222.45	0.00
Totals	100	98,443.90	21,877.83	76,566.07

Account Totals

Account	Count	Net Amount	Dir Dep	Net Check
9071064308	100	98,443.90	21,877.83	76,566.07
Totals	100	98,443.90	21,877.83	76,566.07

ATTACHMENT 4C

MONTHLY SUMMARY OF BANK ACTIVITY - TAX ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 12/1/14 Period ending 12/31/14

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found on the United States Trustee website, <http://www.usdoj.gov/ust/r21/index.htm>.

NAME OF BANK: N/A BRANCH: _____

ACCOUNT NAME: _____ ACCOUNT NUMBER: _____

PURPOSE OF ACCOUNT: TAX

Ending Balance per Bank Statement	\$	_____
Plus Total Amount of Outstanding Deposits	\$	_____
Minus Total Amount of Outstanding Checks and other debits	\$	_____*
Minus Service Charges	\$	_____
Ending Balance per Check Register	\$	_____**(a)

*Debit cards must not be issued on this account.

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid by Cash: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following non-tax disbursements were made from this account:

Date	Amount	Payee	Purpose	Reason for disbursement from this account
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(a)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

ATTACHMENT 5C

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 12/1/14 Period ending 12/31/14

NAME OF BANK: N/A BRANCH: _____

ACCOUNT NAME: _____ ACCOUNT # _____

PURPOSE OF ACCOUNT: TAX

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer-generated check register can be attached to this report, provided all the information requested below is included.

<http://www.usdoj.gov/ust/>

CHECK				
<u>DATE</u>	<u>NUMBER</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____(d)

SUMMARY OF TAXES PAID

Payroll Taxes Paid _____(a)
Sales & Use Taxes Paid _____(b)
Other Taxes Paid _____(c)
TOTAL _____(d)

(a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).

(b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).

(c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).

(d) These two lines must be equal.

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value

TOTAL

_____ (a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand (Column 2) and At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
Location of Box/Account			
Business Office	\$4,500.00	\$4,500.00	0.00

TOTAL

\$ 4,500.00 (b)

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ _____ (c)

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

PETTY CASH RECONCILIATION FORM

Facility Number / Name St. Francis 215 PR 4

Date 1, 6, 15

Vendor # 7

DATE	G/L ACCT #	DESCRIPTION	AMOUNT	REC'D BY
12/24/14	1-1311-6030	200 Employee Appreciation	98.35	SJ
12/24/14	1-1301-6100	900 Laundry Room	15.56	SJ
12/19/14	1-1131-6100	800 Nursing Supplies	105.48	JR
12/18/14	1-1304-6225	205 Plant Supplies Bld	51.73	JG
12/22/14	1-1304-6225	205 Plant Supplies Bld	35.32	JG
1/7/15	1-1304-6225	205 Plant Supplies Bld	53.99	JG
1/7/15	1-1304-6225	205 Plant Supplies Bld	119.00	JG
1/6/15	1-1304-6225	205 Plant Supplies Bld	36.33	JG
12/22/14	1-1305-6100	800 Activity Supplies	35.00	EL
12/18/14	1-1305-6100	800 Activity Supplies	15.07	CF
12/18/14	1-1305-6100	800 Activity Supplies	21.10	CF
12-22-14	1-1305-6100	800 Activity Supplies	8.00	CB
1-5-15	1-1305-6100	800 Activity Supplies	11.00	CB

RECAP

continued

G/L ACCT #	AMOUNT
1-1311-6030 200	98.35
1-1301-6100 900	15.56
1-1131-6100 800	105.48
1-1304-6225 205	296.37
1-1305-6100 800	90.17
1-1304-6225 330	110.61
1-1915-6125 810	512.00

* Total Amount Disbursed 1,228.54

Cash In Transit 3,098.32

Cash On Hand 173.14

Total 4,500.00
MUST = \$250-

* This must agree with attached vouchers/receipts. 4,500.00

Make Check Payable To PETTY CASH

[Signature]
Administrator's Signature

PETTY CASH RECONCILIATION FORM

City Number / Name

St Francis 215 PRY

Date

1.6.15

Vendor #

2

DATE	G/L ACCT #	DESCRIPTION	AMOUNT	REC'D BY
12/22/14	1-13046125	336 Paper Shredding Plant	110.61	TT
12/9/14	1-14156125	810 Resident Transport	41.00	KH
12/19/14	1-14156125	810 Resident Transport	51.00	KH
12/19/14	1-14156125	810 Resident Transport	79.00	KH
12/19/14	1-14156125	810 Resident Transport	57.00	KH
12/19/14	1-14156125	810 Resident Transport	79.00	KH
12/19/14	1-14156125	810 Resident Transport	79.00	KH
12/19/14	1-14156125	810 Resident Transport	79.00	KH
1/6/15	1-14156125	810 Resident Transport	47.00	SL

RECAP

G/L ACCT #	AMOUNT

* Total Amount Disbursed

Cash in Transit

Cash On Hand

Total

MUST = \$250

* This must agree with attached vouchers/receipts.

Make Check Payable To

PETTY CASH


Administrator's Signature

ATTACHMENT 6

MONTHLY TAX REPORT

Name of Debtor: HP/Superior, Inc. Case Number: 14-71797

Reporting Period beginning 12/1/14 Period ending 12/31/14

TAXES OWED AND DUE

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL			\$ <u>-0-</u>		

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor: HP/Superior, Inc. Case Number: 14-71779

Reporting Period beginning 12/1/14 Period ending 12/31/14

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

Name of Officer or Owner	Title	Payment Description	Amount Paid
None			

PERSONNEL REPORT

	Full Time	Part Time
Number of employees at beginning of period	<u>17</u>	<u>70</u>
Number hired during the period	<u>0</u>	<u>0</u>
Number terminated or resigned during period	<u>0</u>	<u>4</u>
Number of employees on payroll at end of period	<u>17</u>	<u>66</u>

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

Agent and/or Carrier	Phone Number	Policy Number	Coverage Type	Expiration Date	Date Premium Due
See Attached					

The following lapse in insurance coverage occurred this month:

Policy Type	Date Lapsed	Date Reinstated	Reason for Lapse

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.



CERTIFICATE OF LIABILITY INSURANCE

STFRA-2

OP ID: KE

DATE (MM/DD/YYYY)
12/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hamilton Insurance Agency Alan J. Zuccari, Inc. 4100 Monument Corner Dr. #500 Fairfax, VA 22030 Robert Schumann		CONTACT NAME: Kelly Harney PHONE (AG, No, Ext): 703-359-8100 FAX (AG, No): 703-359-8108 E-MAIL ADDRESS: kharney@hamiltoninsurance.com	
INSURED HP/Superior, Inc. dba St. Francis in the Park Health and Rehabilitation Center (Debtor in Possession) 1800 New York Avenue Superior, WI 54880		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyd's of London INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # AA112	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ProLiab Includ		TBD	12/30/2014	12/30/2015	EACH OCCURRENCE \$ 100,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		RETRO: 12/30/2014			
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: HP Superior, Inc. d/b/a St. Francis in the Park Health & Rehabilitation Center, 1800 New York Avenue, Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

FOR INF- For Information Purposes Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Robert Schumann

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC.
5505 Glenridge Drive - Suite 300
Atlanta, GA 30342

CONTACT NAME: Karl Devine

PHONE (A/C, H/O, Ext): 404 497-7500

FAX (A/C, H/O):

E-MAIL ADDRESS: kdevine@mcgriff.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Casualty & Surety Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Superior Healthcare Investors, Inc.
AltaCare Corporation
HP Holdings, Inc.
5895 Windward Parkway
Suite 200
Alpharetta, GA 30004

COVERAGES

CERTIFICATE NUMBER: WLAJXGWA

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	INSR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	GENL AGGREGATE LIMIT APPLIES PER:						\$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per person) \$
	HIRED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LMB						EACH OCCURRENCE \$
	EXCESS LMB						AGGREGATE \$
	OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>						\$
	DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In HI)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	CRIME			105518064	11/01/2014	11/01/2016	E.L. DISEASE - POLICY LIMIT \$
							Employee Dishonesty Retention \$ 1,000,000
							\$ 25,000
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: St. Francis In the Park Health & Rehabilitation, 1800 New York Ave., Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

Capital Source Finance
4445 Willard Ave., 12th Floor
Chevy Chase, MD 20815

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

POLICY NUMBER: 42 UIN JF9456



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF THE DECLARATIONS - ADDITIONAL PERSONS OR ORGANIZATIONS DESIGNATED AS NAMED INSURED

The following person(s) or organization(s) are added to the Declarations as Named Insureds:

ALTA CARE CORPORATION

LOCATION

ADDITIONAL INSURED

ST FRANCIS

HP/SUPERIOR, INC.

01143

*2500242JF94560101





CERTIFICATE OF LIABILITY INSURANCE

ALTAC-1

OP ID: 06

DATE (MM/DD/YYYY)

04/11/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Hamilton Insurance Agency Alan J. Zuccari, Inc. 4100 Monticello Corner Dr. #500 Fairfax, VA 22030 Robert Schumann		Phone: 703-359-8100 Fax: 703-359-8108	CONTACT NAME: Kelly Harney PHONE (A/C, No, Ext): 703-359-8100 E-MAIL ADDRESS: KHarney@hamiltoninsurance.com FAX (A/C, No): 703-359-8108
INSURED AlfaCaro Corporation 5895 Windward Parkway S-200 Alpharetta, GA 30005		INSURER(S) AFFORDING COVERAGE INSURER A: The Hartford Ins. Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR. LTR	TYPE OF INSURANCE	APPLICABLE DISC. VWD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOG					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> Hired Autos <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		42 UEN JF9456	03/01/2014	03/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	RTA			WC/STATUTORY LIMIT \$ OTHER \$ EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

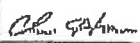
INFOO-5

For Information Purposes Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Robert Schumann

Client#: 1107110		11STFRANCH1																																																																																																																																	
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		DATE (MM/DD/YYYY) 7/10/2014																																																																																																																																	
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PRODUCER BB&T Insurance Services, Inc. P.O. Box 2190 Phone - 770-664-6818 Alpharetta, GA 30023		CONTACT NAME: PHONE (A/C, No, Ext): 770 664-6818 FAX (A/C, No): 888-827-9870 E-MAIL: ADDRESS:																																																																																																																																	
INSURED HP Superior Inc dba St Francis in the Park Health and Rehabilitation Center 5895 Windward Pkwy, Suite 200 Alpharetta, GA 30005		INSURER(S) AFFORDING COVERAGE																																																																																																																																	
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CERTIFICATE HOLDER Proof of Insurance		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 																																																																																																																																	

ACORD 25 (2010/05) 1 of 1
#S12662701/M12662682

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SBN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/31/2014

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PRODUCER
MCGRIFF, SEIBELS & WILLIAMS OF GEORGIA, INC.
5605 Glendridge Drive - Suite 300
Atlanta, GA 30342

CONTACT NAME: Karl Davine

PHONE (A/C, No, Ext): 404 497-7500

FAX (A/C, No):

E-MAIL ADDRESS: kdavine@mcgriff.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Casualty & Surety Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURED
Superior Healthcare Investors, Inc.
AlliaCare Corporation
HP Holdings, Inc.
5895 Windward Parkway
Suite 200
Alpharetta, GA 30004

COVERAGES

CERTIFICATE NUMBER: WLAKCOW

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADY INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/DP AGG \$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input type="checkbox"/> WD STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETARY/INTELLLECTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI) <input type="checkbox"/> Y/N	N/A				EL EACH ACCIDENT \$
	DESCRIPTION OF OPERATIONS below					EL DISEASE - EA EMPLOYEE \$
A	CRIME		105516064	11/01/2014	11/01/2015	EL DISEASE - POLICY LIMIT \$ Employee Dishonesty Retention \$ 1,000,000 \$ 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Re: St. Francis in the Park Health & Rehabilitation, 1800 New York Ave., Superior, WI 54880

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]



EVIDENCE OF PROPERTY INSURANCE

WLAKXCW4

DATE (MM/DD/YYYY)
10/31/2014

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY MCGRIFF, BEBELS & WILLIAMS OF GEORGIA, INC. 5605 Glenridge Drive - Suite 300 Atlanta, GA 30342		PHONE (404) 497-7600	COMPANY Affiliated FM Insurance New Providence Corp. 2000 River Edge Parkway Atlanta, GA 30328-4652	
FAX (404) 497-7600	E-MAIL ADDRESS kdevine@mcgriff.com			
CODE: AGENCY CUSTOMER ID #: 43465		SUB CODE:		
INSURED Superior Healthcare Investors, Inc. AltaCare Corporation HP Holdings, Inc. 5885 Windward Parkway Suite 200 Alpharetta, GA 30004		LOAN NUMBER		POLICY NUMBER GL967
		EFFECTIVE DATE 11/01/2014	EXPIRATION DATE 11/01/2016	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
THIS REPLACES PRIOR EVIDENCE DATED:				

PROPERTY INFORMATION

LOCATION/DESCRIPTION
St. Francis in the Park Health & Rehabilitaton
1800 New York Ave.
Superior, WI 54880

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
SEE ATTACHED		

REMARKS (Including Special Conditions)

--

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS	<input checked="" type="checkbox"/> MORTGAGEE	ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
AUTHORIZED REPRESENTATIVE 		

ACORD 27 (2009/12)

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Attachment to Evidence of Property Insurance
St. Francis In the Park Health & Rehabilitation

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Building Value -- Replacement Cost/Special Form	\$ 8,798,103	\$10,000
Contents - Replacement Cost/Special Form	\$ 1,234,800	\$10,000
Business Income/Extra Expense -- Actual Loss Sustained	\$ 1,600,000	\$10,000
Flood Sublimit	\$25,000,000	\$100,000
Earthquake Sublimit	\$25,000,000	\$100,000
Boiler & Machinery Property Damage -- Included		\$10,000
Boiler & Machinery Business Interruption		Average Daily Value
Certified Acts of Terrorism Included		
Demolition and Increased Cost of Construction		
Item A: Undamaged Portion	Policy Limit	
Item B: Demolition	\$5,000,000	
Item C: Compliance with the Law	Included in Item B	
Item D: Business Interruption	Included in Item B	



THE GUARANTEE COMPANY OF NORTH AMERICA USA

One Towne Square, Ste 1470
Southfield, MI 48076
Telephone: 248-281-0281
Fax: 248-760-0431

Continuation Certificate

WI Department of Health & Family Services
1 W Wilson St
Madison, Wisconsin 53702

In accordance with the terms of the Bond or Statute, you are hereby given written notice of the continuation of the following bond:

Bond Number 95004525

Issued to St. Francis In the Park Health & Rehab Center
In favor of WI Department of Health & Family Services
described as Patient Fund Bond

Continuation shall be effective on 9/28/2014 and expire on 9/28/2016.

This bond continues in force to the above expiration date provided that losses and recoveries on it and all endorsements shall never exceed the penalty set forth in the bond, no matter how long this bond is in force.

In witness whereof, The Guarantee Co. Of North America USA has caused this instrument to be signed by its duly authorized Attorney-In-Fact this 28th day of September, 2014.

St. Francis In the Park Health & Rehab Center

Principal

By: [Signature]

By: [Signature]
Kelvin Farrell, Attorney-In-Fact

Serving North America since 1872



THE
GUARANTEE™

The Guarantee Company of North America USA
Southfield, Michigan

POWER OF ATTORNEY

POWER OF ATTORNEY NUMBER (must match bond number on bond): 95004525

Patient Fund Bond

Forty Five Thousand Dollars (\$45,000.00)

KNOW ALL BY THESE PRESENTS: That THE GUARANTEE COMPANY OF NORTH AMERICA USA, a corporation organized and existing under the laws of the State of Michigan, having its principal office in Southfield, Michigan, does hereby constitute and appoint

Kelth Parnell, Fairfax, VA

its true and lawful attorney-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise,

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon THE GUARANTEE COMPANY OF NORTH AMERICA USA as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified to, and may be revoked, pursuant to and by authority of Article IX, Section 8.03 of the By-Laws adopted by the Board of Directors of THE GUARANTEE COMPANY OF NORTH AMERICA USA at a meeting held on the 31st day of December, 2003. The President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority:

1. To appoint Attorney-in-fact, and to authorize them to execute on behalf of the Company, and attach the Seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof; and
2. To revoke, at any time, any such Attorney-in-fact and revoke the authority given, except as provided below
3. In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.
4. In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner — Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted at a meeting duly called and held on the 8th day of December 2011, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, contracts of indemnity and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.



IN WITNESS WHEREOF, THE GUARANTEE COMPANY OF NORTH AMERICA USA has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 29th day of February, 2012.

THE GUARANTEE COMPANY OF NORTH AMERICA USA

Stephen C. Ruschak

Stephen C. Ruschak, Vice President

Randall Musselman

Randall Musselman, Secretary

STATE OF MICHIGAN
County of Oakland

On this 23rd day of February, 2012 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of The Guarantee Company of North America USA; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of



Cynthia A. Takai
Notary Public, State of Michigan
County of Oakland
My Commission Expires February 27, 2018
Acting in Oakland County

IN WITNESS WHEREOF, I have hereunto set my hand at The Guarantee Company of North America USA offices the day and year above written.

Cynthia A. Takai

I, Randall Musselman, Secretary of THE GUARANTEE COMPANY OF NORTH AMERICA USA, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by THE GUARANTEE COMPANY OF NORTH AMERICA USA, which is still in full force and effect.

IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this 28th day of September, 2014



Randall Musselman

Randall Musselman, Secretary

ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (*attach closing statement*); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before Non Applicable.

CERTIFICATE OF SERVICE

This is to certify that on this date I served a true and correct copy of the within and foregoing **Debtor's Monthly Financial Report** by causing same to be deposited in the United States Mail with adequate postage affixed thereon and addressed to the following person(s):

Office of the United States Trustee
362 Richard Russell Federal Building
75 Spring Street, S. W.
Atlanta, Georgia 30303

This 13th day of March, 2015.

Respectfully submitted,

SCROGGINS & WILLIAMSON, P.C.



J. ROBERT WILLIAMSON
Georgia Bar No. 765214
ASHLEY REYNOLDS RAY
Georgia Bar No. 601559

Counsel for the Debtor

1500 Candler Building
127 Peachtree Street, NE
Atlanta, GA 30303
(404) 893-3880